

Division of Facilities Management---Evaluation

PROJECT: _____

RATER: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Please rate the following criteria on a scale of 1 to 4. Comments are required for scores of 1 or 4.

1 = Poor 2 = Fair 3 = Good 4 = Excellent

1. Project was completed within the established budget with minimal change orders. Comments:	<input type="text"/>
2. Project was completed within the established schedule. Comments:	<input type="text"/>
3. DFM personnel demonstrated the management, construction, codes and standards expertise needed for the project. Comments:	<input type="text"/>
4. Construction during the project was inspected to ensure quality work. Comments:	<input type="text"/>
5. DFM kept all members of the project team informed throughout the project. Comments:	<input type="text"/>
6. DFM processed reports, contracts, correspondence, payments, and the like in a timely manner. Comments:	<input type="text"/>
7. DFM personnel were courteous and professional. Comments:	<input type="text"/>
8. Problems encountered during the project were quickly resolved. Comments:	<input type="text"/>
9. DFM took adequate measures to minimize disruption to your agency during construction. Comments:	<input type="text"/>
10. Issues of design, construction, schedule, budget were consistently communicated by DFM. Comments:	<input type="text"/>
TOTAL SCORE: <input type="text"/>	
FINAL RATING 10 - 15 = Poor 16 - 25 = Fair 26 - 34 = Good 35 - 40 = Excellent	